

BOARD OF COUNTY COMMISSIONERS GULF COUNTY, FLORIDA

Towan Kopinsky, Grant Writer/Coordinator

1000 CECIL G. COSTIN SR. BLVD., ROOM 312, PORT ST. JOE, FLORIDA 32456

PHONE: (850) 229-6144 / FAX (850) 229-9252 / EMAIL: tkopinsky@gulfcountry-fl.gov

TO: Gulf County Residents
FROM: Jeffrey C. Winter, Project Manager
SUBJECT: **Homeowner Application for CDBG Housing Rehabilitation Assistance**
DATE: February 11, 2013

Gulf County has been awarded a Community Development Block Grant (CDBG) in the Housing Rehabilitation category to assist homeowners living within the unincorporated areas of the County that meet certain income and ownership requirements. If you are interested in participating in the CDBG Housing Rehabilitation Program, you must complete the attached application. **Upon completion, the application must be submitted to Towan Kopinsky, Grant Coordinator, at the Robert Moore Administration Building, 1000 Cecil G. Costin, Sr. Boulevard, Room 312, Port St. Joe, FL 32456. ALL APPLICATIONS ARE DUE NO LATER THAN 2:00 P.M., E.T. ON MARCH 11, 2013.**

Residents interested in obtaining additional information regarding the County's CDBG Program or requiring assistance with the application are encouraged to attend either of two (2) Homeowner Application Workshops to be conducted on March 4, 2013. The Homeowner Application Workshops will be conducted in the Board of County Commissioners' Chambers at the Robert Moore Administration Building, 1000 Cecil G. Costin, Sr. Boulevard, Port St. Joe, FL 32456. The County's Homeowner Application Workshops will include a general presentation on the CDBG Program and the application, followed by individual sessions with residents requiring assistance with the application. The Homeowner Application Workshops will be conducted on March 4, 2013, from 12:00 P.M., E.T. – 2:00 P.M., E.T. and 6:00 P.M., E.T. – 8:00 P.M., E.T.

Please follow the instructions when completing your application. Incomplete applications may not be considered for assistance. Please read the complete application package, as most application preparation questions should be addressed herein. Should you have any additional questions or concerns, please do not hesitate to contact Jeffrey C. Winter, Project Manager, at (904) 264-6203 or by e-mail at jwinter@jordangrants.com.

Before completing the application, please make sure that you meet the following eligibility requirements:

1. Is your home located within the unincorporated areas of the County? (This grant cannot be used within the city limits of Port St. Joe or Wewahitchka.)
2. Do you own or are you financing your home?
3. If you are financing your home, are you current on your mortgage payments?
4. Are you current on your property taxes?
5. According to the following table, is your TOTAL household income below the limits identified for the number of people living in your home?

Household Size	1	2	3	4	5	6	7	8
Household Income	\$27,950	\$31,950	\$35,950	\$39,900	\$43,100	\$46,300	\$49,500	\$52,700

IF YOU ANSWERED 'NO' TO ANY OF THESE QUESTIONS YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. IF YOU ANSWERED 'YES' TO ALL OF THE QUESTIONS, YOU ARE ELIGIBLE FOR THIS PROGRAM AND WILL NEED TO COMPLETE THE APPLICATION.

CDBG HOUSING REHABILITATION PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION

I, _____, do hereby acknowledge that I VOLUNTARILY request to be included in the Gulf County CDBG Housing Rehabilitation Program. I acknowledge that such inclusion will require me to provide personal data, such as income information, and by signing I acknowledge that the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the CDBG Program permits.

I further acknowledge that I am responsible to follow the program rules listed below:

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards associated with state and local building codes, health & safety related items and disability accommodations, as necessary. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the local government and regulated by the CDBG Program.
2. I understand that the contract for assistance is prepared between the contractor and me as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or its agent.
3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I:
 - a. Provide any inaccurate or untruthful information,
 - b. Fail to comply with existing guidelines,
 - c. Perform any action to receive more assistance than I am entitled.
4. I hereby authorize the local government and/or its designated representatives to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation. I understand that my participation may affect my ability to qualify for assistance in the future.

I agree to all the terms in this document.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

CDBG HOUSING REHABILITATION PROGRAM
APPLICATION INSTRUCTIONS

Please read this page carefully. Please provide the most accurate information possible, and ensure all requested documents are attached at the time of application submittal.

1. Complete and Sign the following forms:

- Notice of Voluntary Participation Form
- Application for Assistance Forms
- Conflict of Interest Form
- Disability Certification
- Third-Party Verification of Employment Income
- Third-Party Verification of Asset Income
- Third-Party Verification of Social Security Benefits
- Third-Party Verification of Unemployment Benefits
- Third-Party Verification of Regular Cash Contributions
- Third-Party Verification of Income from Business
- Authorization for the Release of Information Waiver

2. Provide Income Documentation: If any member of the household is receiving employment income, please complete the applicant portion of the form titled “Third-Party Verification of Employment Income”. In addition, please provide copies of current pay stubs (Dated no more than 60 days prior to Application Deadline) for four (4) consecutive weeks for all applicable members of the household.

If any member of the household is receiving income from Social Security benefits, please complete the applicant portion of the form titled “Third Party Verification of Social Security Benefits”. In addition, please provide a copy of the current (2013) statement of benefits. If unable to locate a copy of this statement, a copy can be requested by contacting the Social Security Administration at 1-800-772-1213. If any member of the household receives any other government benefit such as food stamps, child support, AFDC or any other income, please provide documentation of this income from the providing agency.

If any member of the household over eighteen (18) receives income from any other source (i.e., business, rental, alimony, child support, etc.), please provide documentation for this income also.

- 3. Provide Asset Documentation:** Please provide a copy of current statements for all assets that could generate income (i.e., Checking/Savings Accounts, IRA's, 401K's, Stocks, Bonds, etc.)
- 4. Provide Homeownership Documentation:** If the applicant owns the home (without any loans, liens or mortgages), provide a copy of the deed that is in the applicant's name. If the home is mortgaged, provide a copy of the most recent mortgage statement stating that the mortgage is current.
- 5. Provide Picture I.D.:** Please provide a copy of a Picture I.D. for all members of the household over eighteen (18).
- 6. Provide Disability Certification:** If any member of the household has a disability, please complete the applicant portion and have the member's physician complete the physician portion of the form titled “Disability Certification.” The enclosed form must be completed by the member's physician and included in the application. Please note, documentation of a disability does not guarantee inclusion for CDBG Housing Rehabilitation assistance.

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

Applicant: _____

Co-Applicant: _____

Street Address: _____

Mailing Address: _____

Daytime Ph. #: _____

Evening Ph. #: _____

A. Household Composition (Please list every member of the household)

#	Name	Age	Sex	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

B. Household Income (Please list all sources of income from all members of the household)

Source of Income	Applicant	Co-Applicant	Other Member
Employment Income	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Social Security Benefits	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Suppl. Security Income	\$ _____	\$ _____	
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Net Income from a Business	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Unemployment Income	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Alimony/Child Support	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Asset Income	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Other:	\$ _____	\$ _____	\$ _____
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
FOR OFFICIAL USE ONLY			
TOTAL TABLE B		Household Income:	

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

C. Asset Income (Please list all assets held by all members of the household)

Asset Description	Financial Institution Name & Address	Last 4 of Account #	***For Official Use Only***
			Asset Income
Checking Account			
Savings Account			
COD/Treasury Bill			
Retirement Account			
Annuities			
Stocks & Bonds			
Other (Real Estate, etc.)			
FOR OFFICIAL USE ONLY			
TOTAL TABLE C:		Annual Income:	

D. Disability Status (Please list every disabled member of the household. For each member claiming disability status, please provide a completed "Disability Certification" form.)

#	Name	Description of Disability
1.		
2.		

E. Housing Structure/Property Information (Please check/complete all that apply)

- The housing structure identified in the application is a:
☐ Manufactured/Mobile ☐ Block/CMU ☐ Brick ☐ Wood Frame ☐ Other: _____
- The housing structure identified in the application was constructed in what year? _____
- Is there a mortgage on the housing structure/property identified in the application? ☐ Yes ☐ No
- If yes, are the mortgage payments current? ☐ Yes ☐ No
- Are the property taxes current for the housing structure/property identified in the application? ☐ Yes ☐ No

F. Miscellaneous Information

- Has the applicant/co-applicant received Housing Rehabilitation Assistance through Gulf County within the last ten (10) years? ☐ Yes ☐ No
- If yes, please provide details pertaining to the assistance provided. (What program? When? What repairs? Etc.)

- Does any member of the household have a business or familial relationship with any Gulf County employee, Citizens' Advisory Task Force (CATF) member or County elected official? ☐ Yes ☐ No
- If yes, please disclose the name(s) & position(s) of all that apply:

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

G. Applicant Certification

By signing below, the **Applicant**, and **Co-Applicant** if applicable, certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant/co-applicant's knowledge and belief.

Applicant Name (Print)

Applicant Signature

Date of Application

Co-Applicant Name (Print)

Co-Applicant Signature

Date of Application

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

I. Application Scoring Summary

Household Size: _____

☐ Disabled HH

☐ Elderly (62+) HH

HH Income: _____

☐ VLI

☐ Low

☐ Mod

Ranking Score: _____

Notes: _____

H. Jordan & Associates Certification

By signing below, the **Jordan & Associates (J&A)** Representative certifies that he/she has examined this application for assistance as described herein, using the guidelines established in the Gulf County Housing Assistance Plan (HAP). Based on the eligibility criteria outlined in the County's HAP, the application ☐ **DOES** or ☐ **DOES NOT** meet the requirements for eligibility for the Gulf County CDBG Housing Rehabilitation Program.

J&A Representative Name (Print)

J&A Representative Signature

Date of Review

CDBG HOUSING REHABILITATION PROGRAM
CONFLICT OF INTEREST WAIVER

Please be advised, all applicants that may have a business or familial relationship with a member of the local governing body or a member of the Citizen's Advisory Task Force (CATF) must fully disclose this relationship at the time of the application to be considered for assistance. This should be disclosed at the point in time in which the conflict occurs and definitely before a construction contract is executed. Failure to disclose any potential conflict of interest could possibly result in dismissal from the Gulf County CDBG Housing Rehabilitation Program.

Please review the following lists for potential conflicts and indicate any relationship to any of the County officials/employees listed below:

Elected Officials	County Employees	CATF Members
<ul style="list-style-type: none"> • Carmen L. McLemore • Ward McDaniel • Tan Smiley • Joanna Bryan • Warren Yeager, Jr. 	<ul style="list-style-type: none"> • Don Butler, County Administrator • Lynn Lanier, Deputy Administrator • Brett Lowry, Deputy Administrator • Towan Kopinsky, Grant Coordinator 	<ul style="list-style-type: none"> • David Richardson • Tom Graney • Sue Marley

Please check/complete all that apply

- ☐ I/We have reviewed the list and certify that I/we DO NOT have a business or familial relationship to any of the above-mentioned Gulf County officials/employees.
- ☐ I/We have reviewed the list and certify that I/we DO have a business or familial relationship to the following Gulf County officials/employees:

Name of Gulf County officials/employee:

Relationship to Applicant/Co-Applicant/HH Member:

By signing below, the **Applicant**, and **Co-Applicant** if applicable, certifies that the information provided on this Conflict of Interest Waiver is true and complete to the best of the applicant/co-applicant's knowledge and belief.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

**CDBG HOUSING REHABILITATION PROGRAM
DISABILITY CERTIFICATION**

Please check/complete all that apply

- ☐ I/We certify that I/we DO NOT have a disability.
- ☐ I/We certify that I/we DO have a disability. I/We authorize the release of medical information necessary to complete this form. I/We understand that this form must be returned with the application.

Name of Physician

Physician's Phone Number

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

PHYSICIAN CERTIFICATION OF DISABILITY

- ☐ The patient has a **permanent** disability, which has the following mobility restrictions:

- ☐ The applicant has a **permanent** disability, which **does not** have a mobility restriction.

- ☐ The application **does not** have a **permanent** disability.

By signing below, I certify as the patient's physician that the information provided on this Disability Certification is true and complete to the best of my knowledge and belief.

Physician Name (Print)

Physician Signature

Date

**CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF EMPLOYMENT INCOME**

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive employment income & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Gulf County CDBG Housing Rehabilitation Program.

Name of Employer

Employer's Phone Number

- ☐ I DO NOT receive employment income (Unemployed).

Name (Print)

Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

EMPLOYER CERTIFICATION OF EMPLOYMENT INCOME

State and Federal Regulations require us to verify income information for the employee that has provided authorization above in order to determine their eligibility for the Gulf County CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Employee	Employee Gross Rate of Pay	Paid Hourly	Paid Weekly	Paid Bi- Weekly	Paid Annually
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Employment Income for Employee:				\$	

By signing below, I certify as a representative of the applicant's employer that the information provided on this Third Party Verification of Employment Income form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF ASSET INCOME**

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO own at least one of the below-mentioned asset accounts & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Gulf County CDBG Housing Rehabilitation Program.

Name of Financial Institution(s)

Last 4 of Account #

- ☐ I DO NOT own any of the below mentioned asset accounts and, therefore, do not receive asset income.

Name (Print)

Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

FINANCIAL INSTITUTION CERTIFICATION OF ASSET INCOME

State and Federal Regulations require us to verify income information for the account-holder that has provided authorization above in order to determine their eligibility for the Gulf County CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Type of Asset Account	Financial Institution	Last 4 of Account #	Income Generated Over the Past 12 Months
<input type="checkbox"/> Savings			\$
<input type="checkbox"/> Checking			\$
<input type="checkbox"/> Cert. of Deposit			\$
<input type="checkbox"/> Retirement Acct			\$
<input type="checkbox"/> Other:			\$
Gross Annual Asset Income for Account-Holder:			\$

By signing below, I certify as a representative of the applicant's financial institution that the information provided on this Third Party Verification of Asset Income form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF SOCIAL SECURITY BENEFITS

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive Social Security Benefits & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Gulf County CDBG Housing Rehabilitation Program.
- ☐ I DO NOT receive Social Security Benefits.

Name (Print)

Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

SOCIAL SECURITY ADMINISTRATION CERTIFICATION OF SOCIAL SECURITY BENEFITS

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Gulf County CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Beneficiary	Last 4 of Social Security Number	Date of Birth

Type of Benefit	Deduction for Medicare?	Amount of Deduction	Gross Benefit Amount
<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Social Security Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Social Security SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Gross Annual Social Security Benefit for Beneficiary:			\$

By signing below, I certify as a representative of the Social Security Administration that the information provided on this Third Party Verification of Social Security Benefits form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS**

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive Unemployment Benefits & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Gulf County CDBG Housing Rehabilitation Program.
- ☐ I DO NOT receive Unemployment Benefits.

Name (Print)

Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

AGENCY FOR WORKFORCE INNOVATION CERTIFICATION OF UNEMPLOYMENT BENEFITS

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Gulf County CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Beneficiary	Beneficiary Gross Weekly Benefit Amount	Benefit Start Date	Benefit End Date
	\$		
Gross Annual Unemployment Income for Beneficiary:			\$

By signing below, I certify as a representative of the State of FL Agency for Workforce Innovation that the information provided on this Third Party Verification of Unemployment Benefits form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS
(Rental Income, Regular Family Assistance, Regular Payment of Bills, Alimony, etc.)

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive regular monetary support from someone outside of my household & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Gulf County CDBG Housing Rehabilitation Program.
- ☐ I DO NOT receive regular monetary support from someone outside of my household.

Name (Print)

Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

CONTRIBUTING PARTY CERTIFICATION OF REGULAR MONETARY SUPPORT

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Gulf County CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Recipient	Type of Regular Monetary Support	Paid Weekly	Paid Bi-Weekly	Paid Monthly	Paid Annually
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Monetary Support Total:				\$	

By signing below, I certify as a Contributing Party that the information provided on this Third Party Verification of Regular Cash Contributions form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF INCOME FROM BUSINESS

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

☐ I DO own a business that I receive income (profit OR loss) from.*

*Attach a copy of the 2011 (or 2012, if filed) Tax Documents showing the Net Profit OR Loss generated from the business.

☐ I DO NOT own a business that I receive income (profit OR loss) from.

Name (Print)

Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

JORDAN & ASSOCIATES CERTIFICATION OF INCOME FROM BUSINESS

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Gulf County CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Based off of the provided 2011 (or 2012, if filed) Tax Documents, the following reflects the Applicant's Net Income (Profit OR Loss) from a Business:

Name of Business: _____

Net Profit OR Loss: \$ _____

By signing below, I certify as a **Jordan & Associates (J&A)** Representative, that the information provided on this Third Party Verification of Income from a Business form is true and complete to the best of my knowledge and belief.

J&A Representative Name (Print)

J&A Representative Signature

Date of Review

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Please make copies of this form as needed to have completed for each member of the household over 18.

I, _____, the undersigned hereby authorize the release, without liability, of information regarding my employment, income and/or assets to **Jordan & Associates**, in order to determine eligibility for the Gulf County CDBG Housing Rehabilitation Program. I understand that only information necessary for determining eligibility can be requested.

Type of Information to be verified

I understand that previous or current information regarding me may be verified. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit, Individual Retirement Accounts, interest, dividend; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of business, and alimony or child support payments.

Organizations/individuals that may be requested to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institution
State Unemployment Agency
Welfare Agencies
Other: _____

Alimony/Child Support Providers
Social Security Administration
Veteran's Administration
Florida State Retirement System

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Name (Print)

Signature

Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION DOCUMENTATION CHECKLIST**

1. Application Documents

- ☐ Notice of Voluntary Participation
- ☐ Application for Assistance
- ☐ Conflict of Interest Waiver
- ☐ Disability Certification
- ☐ Third Party Verification of Employment Income
- ☐ Third Party Verification of Asset Income
- ☐ Third Party Verification of Social Security Benefits
- ☐ Third Party Verification of Unemployment Benefits
- ☐ Third Party Verification of Regular Cash Contributions
- ☐ Third Party Verification of Income from Business
- ☐ Authorization for the Release of Information

2. Additional Income Documentation

- ☐ If receiving Employment Income: In addition to completing the Third Party Verification of Employment Income, please provide copies of Pay Stubs (Dated no more than 60 days prior to the Application Deadline) for four (4) consecutive weeks for all applicable members of the household.
- ☐ If receiving Asset Income: In addition to completing the Third Party Verification of Asset Income, please provide copies of recent Asset Account Statements (Dated no more than 60 days prior to the Application Deadline).
- ☐ If receiving Social Security Benefits: In addition to completing the Third Party Verification of Social Security Benefits, please provide copies of current (2013) statement of benefits.
- ☐ If receiving Unemployment Benefits: In addition to completing the Third Party Verification of Unemployment Benefits, please provide copies of current (2013) statement of benefits.
- ☐ If receiving Regular Cash Contributions: In addition to completing the Third Party Verification of Regular Cash Contributions, please provide a signed statement from the contributing party detailing the amount and regularity of the income.
- ☐ If receiving Income from a Business: In addition to completing the Third Party Verification of Income from a Business, please provide copies of the 2011 (or 2012, if filed) Tax Documents showing the Net Profit OR Loss generated from the business.

3. Homeownership Documentation

- ☐ If the Applicant Owns the Home (without any loans, liens or mortgages): Please provide a copy of the deed that is in the applicant's name.
- ☐ If the Applicant has a Mortgage on the Home: Please provide a copy of the most recent mortgage statement, stating that the mortgage is current.

4. Picture IDs

- ☐ Please provide a copy of a Picture I.D. for all members of the household over eighteen (18).

Should you have any questions or concerns regarding the completion of this application, please do not hesitate to contact the office of Jordan & Associates.